

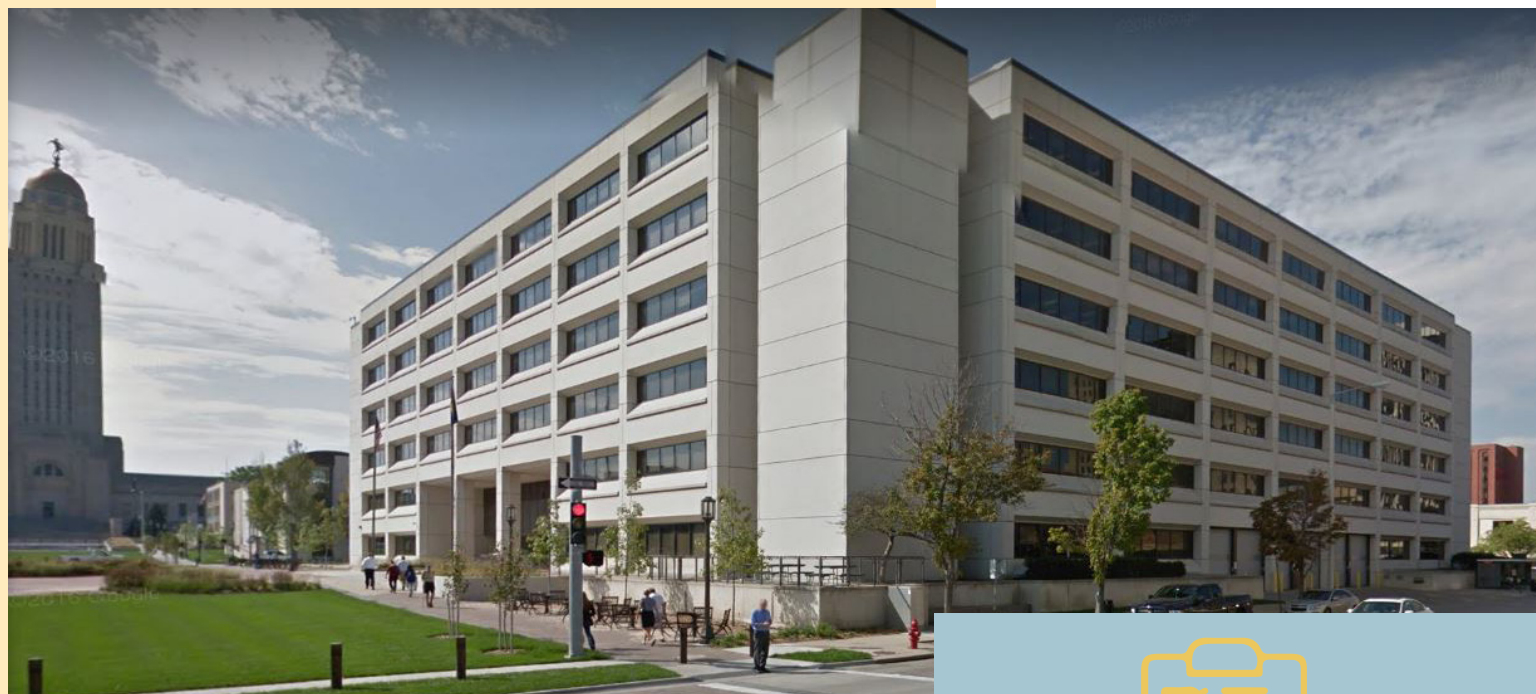
SUICIDE PREVENTION NEWSLETTER

Quarterly Newsletter

NEBRASKA

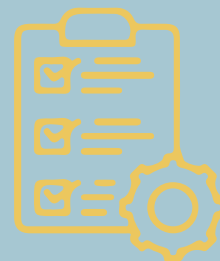
Good Life. Great Mission.

Issue #2
2nd Quarter - 2024



Current Endeavors

Welcome back to the Nebraska Violent Death Reporting System (NEVDRS) newsletter, your source for essential updates on our ongoing mission to combat suicide and promote mental health across Nebraska. With continued support from the CDC and collaborative efforts with key partners such as law enforcement and coroners, NEVDRS remains dedicated to compiling comprehensive data on violent deaths, including suicide, across all counties in the state. As we enter our second issue, we're excited to share progress on our initiatives, including the finalization of the annual reports and the forthcoming publication of the 2022 NEVDRS data. Our commitment to providing accurate, timely data while upholding confidentiality remains steadfast, ensuring that our efforts are grounded in integrity and respect for all involved. Together, let's continue to raise awareness, foster a supportive environment, and work towards building a safer and healthier Nebraska for all. Thank you for joining us in this vital endeavor. In this issue, we're also thrilled to spotlight the remarkable contributions of our dedicated partners and community members who are making a difference in suicide prevention and mental health promotion efforts statewide.



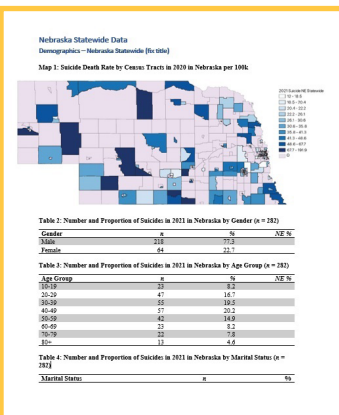
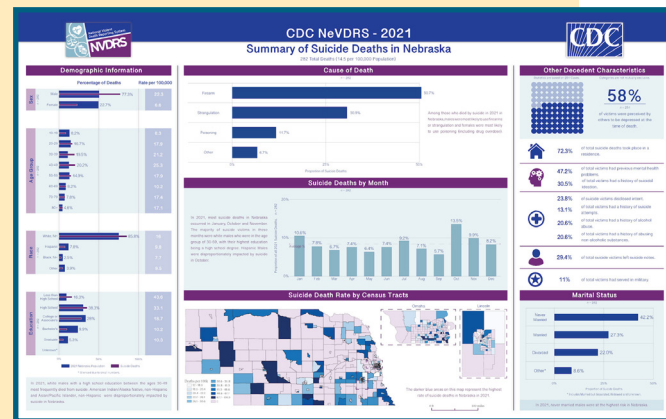
List of Projects

As we anticipate the publication of the 2022 dataset, our focus for the second half of the year will shift toward the following projects:

- 2022 Factsheets
- 2022 Special Topics Factsheets
- Finalizing Annual Reports
- Finalizing the Data Dashboard
- Ongoing Collaboration Partner and Data Request Fulfillment, as Requested.

Factsheets

We are awaiting the 2022 NEVDRS and SUDORS datasets. Once available, we'll create the 2022 statewide and regional factsheets on topics like "Nebraska Statewide Suicide Deaths," "Homicide Deaths," and "SUDORS Deaths." Next, we'll cover the Nebraska Behavioral Health Regions. Our format will mirror previous years with added clarity and depth, providing comprehensive data and insights to support informed public health decisions.



Annual Frameworks

As we await the 2022 NEVDRS data, we are finalizing the 2020 and 2021 Frameworks, incorporating recent data while protecting patient confidentiality. Completion is expected this third quarter, maintaining high standards of data integrity and privacy. Our dedication ensures accurate, timely information while respecting privacy and dignity.

Data Dashboards

Our data dashboard has made significant progress, culminating in a demonstration to DHHS Nebraska employees. We're collaborating with additional data analysts to enhance its capabilities. After rigorous editing, the dashboard is now fully functional. We plan to integrate 2022 data for added comprehensiveness. Next, we'll ensure the color coding and text align with DHHS standards before starting the procedures to publish it on our website.



Our Data Endeavors

Over the past couple of years, we've collaborated with various agencies to meet their data needs, expediting requests and maintaining open communication. We're dedicated to fostering partnerships that facilitate efficient data exchange and informed decision-making. For tailored data solutions, please contact us anytime.

We are developing detailed statistical analyses to identify risk factors in our reports. These efforts aim to reduce suicide, homicide, and drug overdose rates through data-driven strategies. Our advanced methods will help stakeholders make informed decisions and implement effective interventions for safer, healthier communities.

Veteran Suicides in Nebraska (2017-2021)

In this issue of our DHHS newsletter, we are focusing on the critical issue of veteran suicide deaths in Nebraska. With Memorial Day and the Fourth of July occurring this quarter, it is a poignant time to bring awareness to this important topic. Our focus will be on data from 2017-2021 to understand the scope of this issue and how we can better support our veterans.

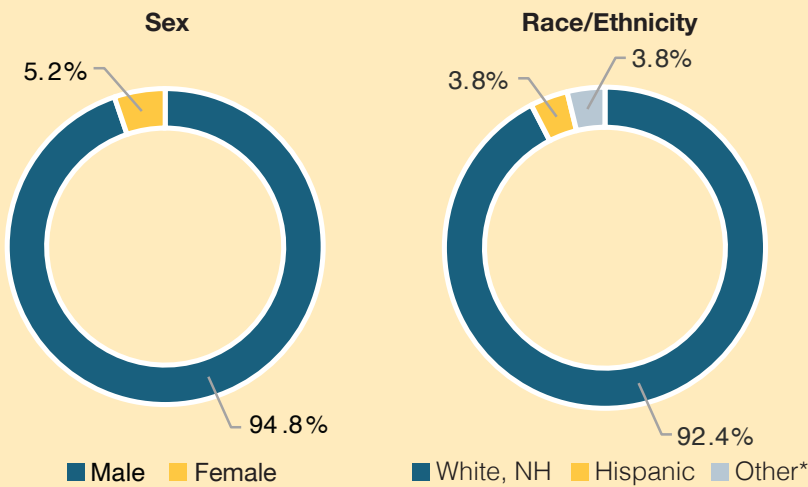
Demographics

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Sex and Race/Ethnicity

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Between 2017 and 2021 in Nebraska, the highest proportion of suicides among veterans occurred among males and White, non-Hispanic individuals.

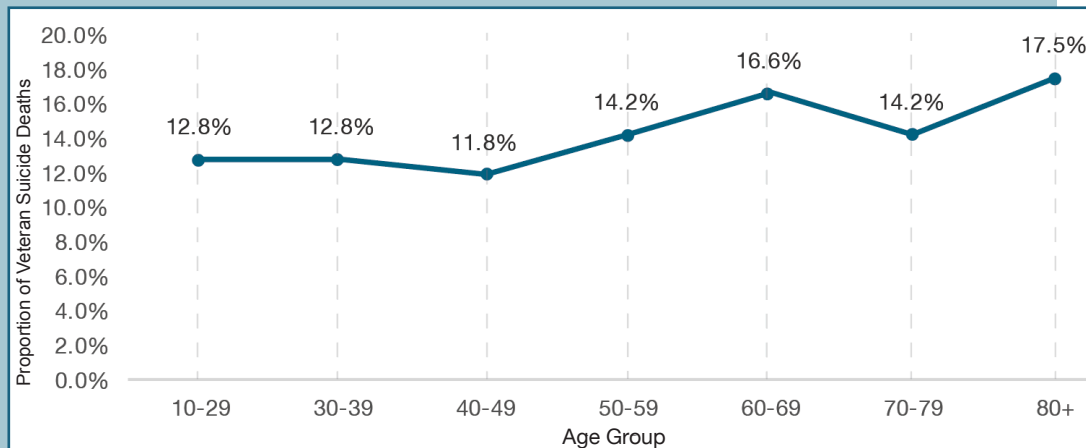


*Includes Black NH, Asian/Pacific Islander NH, American Indian/Alaskan Native NH, Two or More Races.

Age Group

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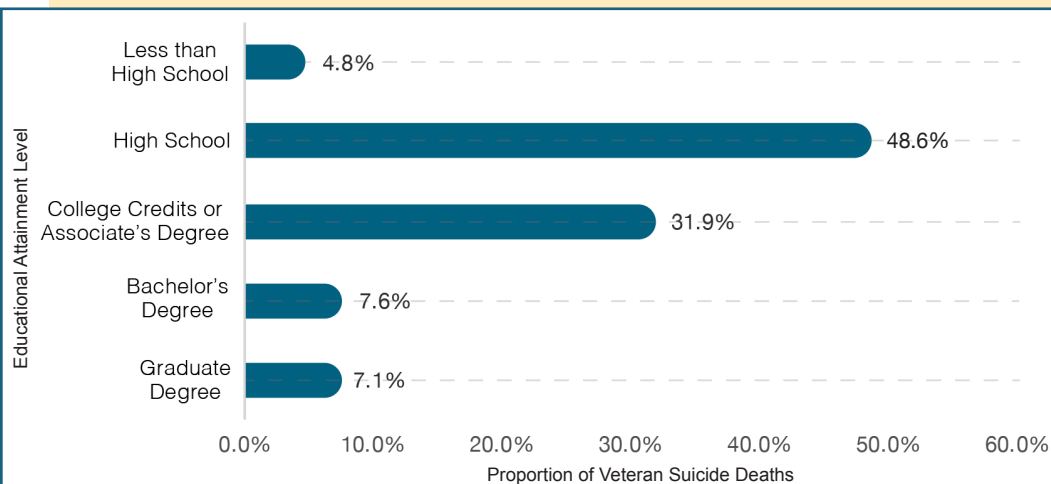
Between 2017 and 2021 in Nebraska, the average age for veteran suicide deaths was 38 for females and 58 for males, with an overall average age of 57 across these years. The leading category, which is the 80 years old or older age group, has an average age of 85.



Education Level

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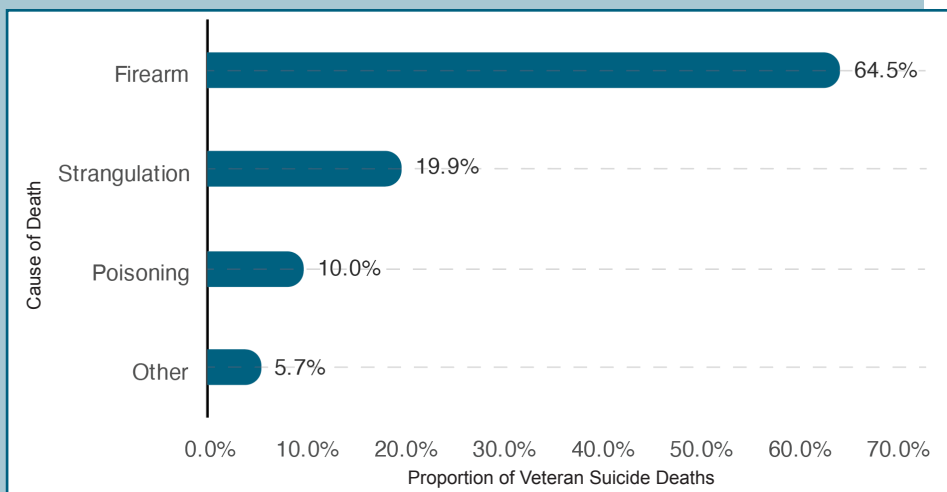
The highest proportion of female veterans who died by suicide had some college credit or an Associate's degree (2.9%). For male veterans, the highest proportion had a high school diploma (47.6%). Veterans with less than a high school diploma had the highest average age at death by suicide, 77.



Cause of Death

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The majority of women who died by suicide used strangulation, whereas most men used firearms. For men, strangulation was the second most common method, while for women, firearms ranked fourth. Men who died by suicide with a firearm had the highest average age across all categories, with an average age of 60.

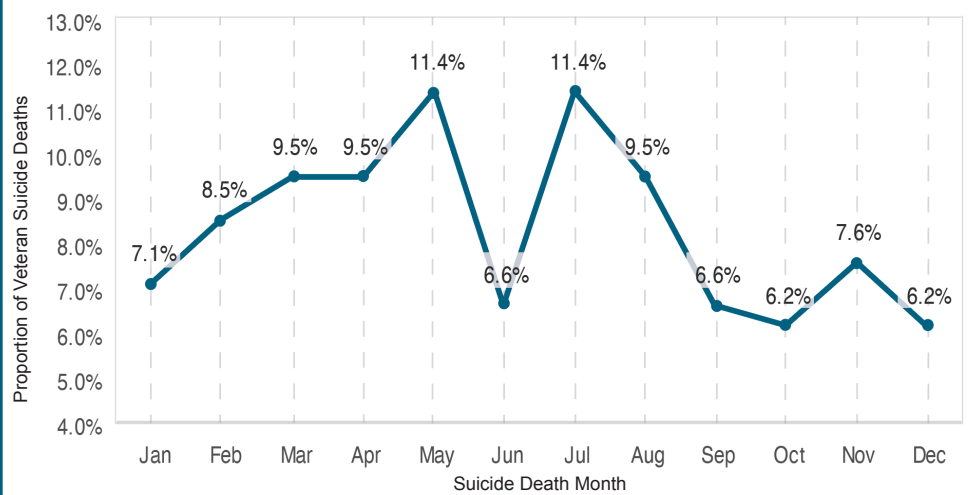


* Includes sharp instrument, fall, explosive, fire or burns, drowning.

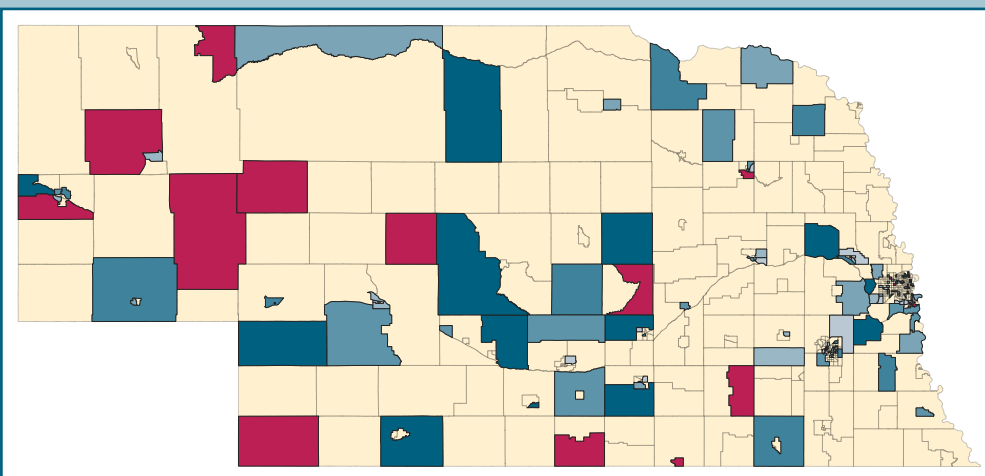
Suicide Deaths by Month

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Suicide deaths varied by month, with May and July having the highest proportions, while the winter months generally had the lowest.



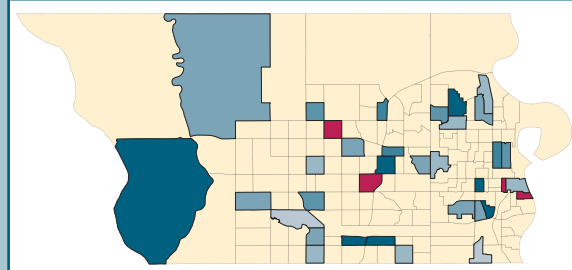
Suicide Death Rate by Census Tracts



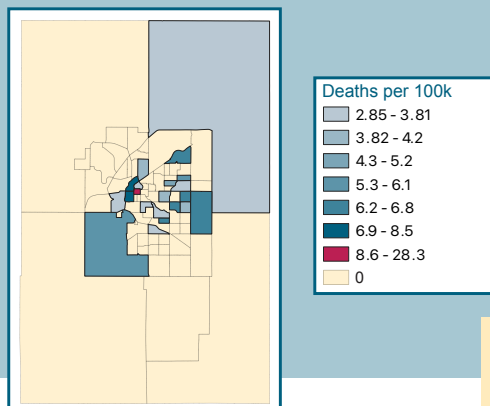
The darker blue areas on this map represent the highest rate of veteran suicide deaths in Nebraska in 2017 to 2021.

Due to small numbers, rates may be unstable.

Douglas County



Lancaster County



Other Veteran Suicide Decedent Characteristics

Data reflects 184 suicide deaths among veterans from 2017 to 2021. Categories are not mutually exclusive.



81.5%

of veteran suicide deaths took place in a residence.

12.0%

of veteran suicide victims had a history of homelessness or housing instability.



37.5%

of veteran suicide victims had previous mental health problems.

26.1%

of veteran suicide victims were diagnosed with depression.

8.7%

of veteran suicide victims were diagnosed with post traumatic stress disorder.

27.2%

of veteran suicide victims had history of mental health treatment.

19.0%

of veteran suicide victims had current mental health treatment.

59.8%

of veteran suicide victims were perceived by others to be depressed at the time of death.



23.9%

of veteran suicide victims had a history of suicidal ideation.

10.3%

of veteran suicide victims had a history of suicide attempt.

28.3%

of veteran suicide victims had recently disclosed their suicidal intent.

11.4%

of veteran suicide victims had disclosed their suicidal intent to their intimate partner.

34.2%

of veteran suicide victims left suicide notes.



23.9%

of veteran suicide victims had a history of alcohol abuse.

10.9%

of veteran suicide victims had a history of substance abuse other than alcohol.

33.7%

of veteran suicide victims had a history of physical health problems.



18.5%

of veteran suicide victims had intimate partner problems.

8.7%

of veteran suicide victims had family or other relationship problems.

9.2%

of veteran suicide victims had known recent argument.

39.1%

of veteran suicide deaths were among married individuals.

25.0%

of veteran suicide deaths were among divorced individuals.